

| <b>ORDER FOR SUPPLIES OR SERVICES</b>   |  |   |  |                            |   |   |  |  |                            | PAGE 1 OF 4  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|---|--|----------------------------|---|---|--|--|----------------------------|--|---|--------------------------|-----------------------|-------------------------------------|--|--|--|--|--|--|--|--|--|-----------------|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b><br>DAAE07-03-D-N115  |  |   | <b>2. DELIVERY ORDER/CALL NO.</b><br>0005  |                            | <b>3. DATE OF ORDER/CALL (YYYYMMDD)</b><br>2004OCT18  |   | <b>4. REQUISITION/PURCH REQUEST NO.</b><br>SEE SCHEDULE              |  | <b>5. PRIORITY</b><br>DXA4 |  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6. ISSUED BY</b><br>TACOM WARREN<br>AMSTA-AQ-AHPB<br>ARTHUR AIGELTINGER (586)574-8136<br>WARREN, MICHIGAN 48397-5000<br>EMAIL: AIGELTIA@TACOM.ARMY.MIL<br>HTTP://CONTRACTING.TACOM.ARMY.MIL  |  |   | <b>CODE</b> W56HZV   |                            | <b>7. ADMINISTERED BY (If other than 6)</b><br>DCMA DETROIT<br>U.S. ARMY TANK & AUTOMOTIVE COMMAND (TACOM)<br>ATTN: DCMAB-GJD<br>WARREN, MI 48397-5000<br>SCD: A PAS: NONE ADP PT: HQ0337 |   |  | <b>CODE</b> S2305A   |                            | <b>8. DELIVERY FOB</b><br><input type="checkbox"/> DESTINATION<br><input checked="" type="checkbox"/> OTHER (See Schedule if other)                              |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>9. CONTRACTOR</b><br>LOC PERFORMANCE PRODUCTS INC<br>13505 HAGGERTY ROAD<br>PLYMOUTH, MI. 48170<br>NAME AND ADDRESS<br><br>TYPE BUSINESS: Other Small Business Performing in U.S.  |  |   | <b>CODE</b> 1V513  |                            | <b>FACILITY</b>   |   | <b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b><br>SEE SCHEDULE |  |                            | <b>11. X IF BUSINESS IS</b><br><input checked="" type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMAN-OWNED |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>12. DISCOUNT TERMS</b>   |  |   | <b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b><br>See Block 15   |                            |   |   |  |  |                            |  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>14. SHIP TO</b><br>SEE SCHEDULE  |  |   | <b>CODE</b>  |                            | <b>15. PAYMENT WILL BE MADE BY</b><br>DFAS - COLUMBUS CENTER<br>DFAS-CO/NORTH ENTITLEMENT OPERATION<br>P.O. BOX 182266<br>COLUMBUS OH 43218-2266  |   |  |  | <b>CODE</b> HQ0337         |  | <b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2</b> |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%; text-align: center; vertical-align: middle;"><b>16. TYPE OF ORDER</b></td> <td style="width: 10%; text-align: center;"><b>DELIVERY/ CALL</b></td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td colspan="9" style="padding: 5px;">THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.</td> </tr> <tr> <td style="text-align: center;"><b>PURCHASE</b></td> <td></td> <td colspan="9" style="padding: 5px;">Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.</td> </tr> <tr> <td colspan="11" style="padding: 5px;">furnish the following on terms specified herein.</td> </tr> </table> |  |   |  |                            |   |   |  |  |                            |  |   | <b>16. TYPE OF ORDER</b> | <b>DELIVERY/ CALL</b> | <input checked="" type="checkbox"/> | THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT. |  |  |  |  |  |  |  |  | <b>PURCHASE</b> |  | Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. |  |  |  |  |  |  |  |  | furnish the following on terms specified herein. |  |  |  |  |  |  |  |  |  |  |
| <b>16. TYPE OF ORDER</b>  | <b>DELIVERY/ CALL</b>                            | <input checked="" type="checkbox"/>   | THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT. |                            |   |   |  |  |                            |  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <b>PURCHASE</b>                                  |   | Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.                                      |                            |   |   |  |  |                            |  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | furnish the following on terms specified herein. |   |  |                            |   |   |  |  |                            |  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">NAME OF CONTRACTOR</td> <td style="width: 25%; text-align: center;">SIGNATURE</td> <td style="width: 25%; text-align: center;">TYPED NAME AND TITLE</td> <td style="width: 25%; text-align: center;">DATE SIGNED (YYYYMMDD)</td> </tr> <tr> <td colspan="4" style="padding: 5px;"><input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:</td> </tr> </table>   |  |   |  |                            |   |   |  |  |                            |  |   | NAME OF CONTRACTOR       | SIGNATURE             | TYPED NAME AND TITLE                | DATE SIGNED (YYYYMMDD)   | <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME OF CONTRACTOR  | SIGNATURE  | TYPED NAME AND TITLE  | DATE SIGNED (YYYYMMDD)   |                            |   |   |  |  |                            |  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:  |  |   |  |                            |   |   |  |  |                            |  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b><br>SEE SCHEDULE  |  |   |  |                            |   |   |  |  |                            |  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>18. ITEM NO.</b>   |  | <b>19. SCHEDULE OF SUPPLIES/SERVICE</b>   |  |                            |   | <b>20. QUANTITY ORDERED/ ACCEPTED*</b>  |  | <b>21. UNIT</b>  | <b>22. UNIT PRICE</b>      |  | <b>23. AMOUNT</b>   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  | SEE SCHEDULE<br>CONTRACT TYPE:<br>Firm-Fixed-Price<br><br>KIND OF CONTRACT:<br>Supply Contracts and Priced Orders |  |                            |   |   |  |  |                            |  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X.<br>If different, enter actual quantity accepted below quantity ordered and encircle.   |  |   |  |                            |   | <b>24. UNITED STATES OF AMERICA</b><br>DARYL F. WITTE /SIGNED/<br>WITTED@TACOM.ARMY.MIL (586)574-7196<br>BY: _____ CONTRACTING/ORDERING OFFICER |  |  |                            | <b>25. TOTAL</b> \$613,445.00  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>27a. QUANTITY IN COLUMN 20 HAS BEEN</b><br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED  |  |   |  |                            |   |   |  |  |                            |  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>   |  |   |  |                            |   | <b>c. DATE (YYYYMMDD)</b>   |  | <b>d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b> |                            |  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>   |  |   |  |                            |   | <b>28. SHIP. NO.</b>  |  | <b>29. D.O. VOUCHER NO.</b>  |                            | <b>30. INITIALS</b>  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>f. TELEPHONE NUMBER</b>  |  | <b>g. E-MAIL ADDRESS</b>  |  |                            |   | <input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL  |  | <b>32. PAID BY</b>   |                            | <b>33. AMOUNT VERIFIED CORRECT FOR</b>   |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</b>  |  |   |  |                            |   | <b>31. PAYMENT</b><br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                   |  | <b>34. CHECK NUMBER</b>  |                            | <b>35. BILL OF LADING NO.</b>  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>a. DATE (YYYYMMDD)</b>   |  | <b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>   |  |                            |   | <b>37. RECEIVED AT</b>  |  | <b>38. RECEIVED BY (Print)</b>   |                            | <b>39. DATE RECEIVED (YYYYMMDD)</b>  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>40. TOTAL CONTAINERS</b>   |  | <b>41. S/R ACCOUNT NUMBER</b>   |  | <b>42. S/R VOUCHER NO.</b> |   |   |  |  |                            |  |   |                          |                       |                                     |  |  |  |  |  |  |  |  |  |                 |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| CONTINUATION SHEET | Reference No. of Document Being Continued<br>PIIN/SIIN DAAE07-03-D-N115/0005 MOD/AMD | Page 2 of 4 |
|--------------------|--|-------------|

Name of Offeror or Contractor: LOC PERFORMANCE PRODUCTS INC

| ITEM NO | SUPPLIES/SERVICES   | QUANTITY | UNIT | UNIT PRICE     | AMOUNT        |
|---------|---|----------|------|----------------|---------------|
| 0012    | SUPPLIES OR SERVICES AND PRICES/COSTS<br><br>NSN: 2530-01-179-1416<br>FSCM: 19207<br>PART NR: 12323883-1<br>SECURITY CLASS: Unclassified  |          |      |                |               |
| 0012AA  | <u>PRODUCTION QUANTITY</u><br><br>NOUN: ARM ASSEMBLY,PIVOT,<br>PRON: EH53S109EH PRON AMD: 01 ACRN: AA<br>AMS CD: 070011<br><br><u>Description/Specs./Work Statement</u><br>TOP DRAWING NR: 12323883-1<br>DATE: 18-JUN-2003<br><br><u>Packaging and Marking</u><br>PACKAGING/PACKING/SPECIFICATIONS:<br>SEE PACKAGING REQUIREMENTS CLAUSE IN SECTION D<br>LEVEL PRESERVATION: Military<br>LEVEL PACKING: A<br><br><u>Inspection and Acceptance</u><br>INSPECTION: Origin ACCEPTANCE: Origin<br><br><u>Deliveries or Performance</u><br>DOC SUPPL<br><u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u><br>001 W56HZV4287S851 W25G1U L 1<br><u>DEL REL CD QUANTITY DEL DATE</u><br>001 200 18-MAY-2005<br><br>002 182 20-JUN-2005<br><br>FOB POINT: Origin<br><br>SHIP TO: <u>PARCEL POST ADDRESS</u><br>(W25G1U) XU TRANSPORTATION OFFICER<br>DDSP NEW CUMBERLAND FACILITY<br>BUILDING MISSION DOOR 113 134<br>NEW CUMBERLAND PA 17070-5001<br><br><u>CONTRACT/DELIVERY ORDER NUMBER</u><br>DAAE07-03-D-N115/0005<br><br>DOC SUPPL<br><u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u><br>002 W56HZV4287S852 W62G2T L 1<br><u>DEL REL CD QUANTITY DEL DATE</u><br>001 18 20-JUN-2005 | 595      | EA   | \$ 1,031.00000 | \$ 613,445.00 |

Name of Offeror or Contractor: LOC PERFORMANCE PRODUCTS INC

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|--|----------|------|------------|--------|
| 002     | 19520-JUL-2005<br><br>FOB POINT: Origin<br><br>SHIP TO: <u>FREIGHT ADDRESS</u><br>(W62G2T) XU DEF DIST DEPOT SAN JOAQUIN<br>25600 S CHRISMAN ROAD<br>REC WHSE 10 PH 209 839 4307<br>TRACYCA 95304-5000<br><br><u>CONTRACT/DELIVERY ORDER NUMBER</u><br>DAAE07-03-D-N115/0005 |          |      |            |        |

Name of Offeror or Contractor: LOC PERFORMANCE PRODUCTS INC

CONTRACT ADMINISTRATION DATA

| LINE   | PRON/<br>AMS CD/<br>ITEM | OBLG<br>ACRN | STAT | ACCOUNTING CLASSIFICATION | JOB<br>ORDER<br>NUMBER | ACCOUNTING<br>STATION | OBLIGATED<br>AMOUNT |
|--------|--------------------------|--------------|------|---------------------------|------------------------|-----------------------|---------------------|
| 0012AA | EH53S109EH<br>070011     | AA           | 2    | 97 X4930AC6D 6D           | 26KB S20113            | W56HZV \$             | 613,445.00          |
|        |                          |              |      |                           |                        | TOTAL \$              | 613,445.00          |

| SERVICE<br>NAME | TOTAL BY ACRN | ACCOUNTING CLASSIFICATION | ACCOUNTING<br>STATION | OBLIGATED<br>AMOUNT  |
|-----------------|---------------|---------------------------|-----------------------|----------------------|
| Army            | AA            | 97 X4930AC6D 6D           | 26KB S20113           | W56HZV \$ 613,445.00 |
|                 |               |                           |                       | TOTAL \$ 613,445.00  |